

## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: **Mail** Mail Stop ISSUE FEE  
**Commissioner for Patents**  
**P.O. Box 1450**  
**Alexandria, Virginia 22313-1450**  
**or Fax** (571) 273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All other correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)

24280 7590 3/29/2006  
 CHOATE, HALL & STEWART LLP  
 TWO INTERNATIONAL PLACE  
 BOSTON, MA 02110

06/26/2006 DENMANU2 00000052 09728720

01 FC:2501 700.00 OP  
 02 FC:1504 300.00 OP  
 03 FC:8001 30.00 OP

Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

## Certificate of Mailing or Transmission

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.

Heather Mariacher	(Depositor's name)
<i>Heather Mariacher</i>	(Signature)
June 21, 2006	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/728,720	12/01/2000	Steven K. Fount	2002850-0009	5311

TITLE OF INVENTION: PREVENTION AND TREATMENT OF HCV INFECTION EMPLOYING ANTIBODIES DIRECTED AGAINST CONFORMATIONAL EPITOPES

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$700	\$300	\$1000	06/29/2006

EXAMINER	ART UNIT	CLASS-SUBCLASS
MOSHER, MARY	1648	530-388300

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).  
☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  
☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  
 (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. Choate, Hall & Stewart LLP  
 2. Brenda Herschbach Jarrell, Ph.D.  
 3. C. Hunter Baker, M.D., Ph.D.

## 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Board of Trustees of Leland Stanford  
 Junior University

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Stanford, California

06/26/2006 DENMANU2 00000077 09728720

01 FC:1501

1400.00 OP

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are enclosed:

- ☒ Issue Fee  
☒ Publication Fee (No small entity discount permitted)  
☒ Advance Order - # of Copies 10

4b. Payment of Fee(s):

- ☐ A check in the amount of the fee(s) is enclosed.  
☒ Payment by credit card. Form PTO-2038 is attached.  
☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 03-1721 (enclose an extra copy of this form).

## 5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☒ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above. NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature

*C. Hunter Baker*

Date June 21, 2006

Typed or printed name C. Hunter Baker, M.D., Ph.D.

Registration No. 46,533

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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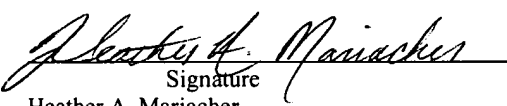


ATTORNEY'S DOCKET NUMBER: 2002850-0009 (S98-161)

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Applicant: Fount *et al.* Examiner: Mosher, Mary  
Serial No.: 09/728,720 Art Unit: 1648  
Filing Date: December 1, 2000 Confirmation No.: 5311  
Title: PREVENTION AND TREATMENT OF HCV INFECTION EMPLOYING  
ANTIBODIES DIRECTED AGAINST CONFORMATIONAL EPITOPES

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June 21, 2006	
Date	Signature
Heather A. Mariacher	
Typed or Printed Name of person signing certificate	

**TRANSMITTAL LETTER**

Sir:

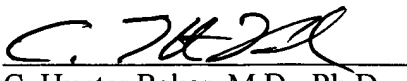
In response to the Notice of Allowance and Fee(s) Due mailed March 29, 2006 for the above-identified patent application, enclosed are:

- 1) PTOL-85 - Part B – Fee(s) Transmittal (1 page);
- 2) Credit Card Payment Form in the amount of \$1,730.00 representing the Issue Fee for *large* entity (\$1400.00), Publication Fee (\$300.00) and ten (10) soft copies (\$30); and
- 3) Return Postcard.

Please charge any additional fees or credit any overpayments to our Deposit Account No. 03-1721.

Respectfully submitted,

Dated: June 21, 2006

  
C. Hunter Baker, M.D., Ph.D.  
Reg. No. 46,533

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